



City Of Statesboro

P. O. Box 348
Statesboro, Ga. 30459

www.statesboroga.gov

(912)764-5468
(912)764-4691(Fax)

Occupational Tax Application

YOU CANNOT OPEN FOR BUSINESS WITHOUT AN OCCUPATIONAL TAX CERTIFICATE.
I understand all applicants will be required to provide a photo ID.

Date of Application: _____

Business Trade Name: _____

Business Location: _____

Business Mailing Address: _____

Business Owner(s): _____

Business Telephone: _____

Email: _____

Business Owner's Address: _____

Business Owner's Telephone: _____ Date of Birth _____ SSN _____

Property Owner: _____

Georgia Sales Tax # _____ Federal Tax ID# _____

State Board Certificate # _____ Expiration Date: _____

Dominant Line of Business: _____

Do you operate an amusement game room? Yes ___ No ___ If so, how many Class B Machines? _____

Most recent business at this location? _____

Is this an ownership change only? _____ Are alcohol sales proposed? _____

Have you ever owned or operated a similar type business? Yes _____ No _____

If yes, please list the name of the business and the city and state the business was located:

Is your business a home occupation? Yes _____ No _____

☐ YES
☐ NO

If your proposed place of business is utilizing an existing building, will it constitute a change of use from the type of business previously there?
If yes, please contact the Engineering Department at (912)764-0655.

Engineering Department Approval _____

☐ YES
☐ NO

Will there be electrical, plumbing, or heating/air work performed prior to opening your business?
If yes, please contact the City Building Official at (912)764-0655.

Building Official Approval _____

☐ YES
☐ NO

Will construction valued at more than \$1000.00 be performed prior to opening your business? If yes, please contact the Engineering Department at (912)764-0655.

Engineering Department Approval _____

☐ YES
☐ NO
☐ UNSURE

Does the building meet handicap accessibility?
If no or unsure, please contact the Building Official at (912)764-0655.

Building Official Approval _____

Even if all questions are checked "NO" the Fire Official must perform an inspection of your building and any code violations found must be corrected. Please call (912)764-3473 to schedule the fire inspection. If any code violations are found, they must be corrected and re-inspected prior to the issuance of the Occupation Tax Certificate.

Each person who is licensed by the examining boards of the Secretary of State's office must provide evidence of proper and current state licensure before a City of Statesboro Occupation Tax Certificate will be issued. Please submit this information with your application.

Each person who is licensed by the medical boards must provide a copy of the current license before a City of Statesboro Occupation Tax Certificate will be issued. Please submit this information with your application.

Certain occupations and practitioners have the option of paying \$400.00 per practitioner in lieu of reporting number of employees. If you are eligible for this option and choose to do so, please complete option A below. All other businesses should complete option B below.

Option A: Administrative Fee - \$35.00 \$ _____

Professional Flat Fee Option – number of professionals _____ X \$400.00 = \$ _____

Total Due to City \$ _____

Option B: Administrative Fee - \$35.00 \$ _____

Number of full time equivalent employees: _____ X \$20 = \$ _____

Flat Fee - \$85.00 \$ _____

Total Due to City \$ _____

.....
CERTIFICATION:

I, _____ BEING THE _____
Name Title

OF THE BUSINESS FIRM HEREIN NAMED, ATTEST THAT THE NUMBER OF EMPLOYEES REPORTED ABOVE IS THE NUMBER OF EMPLOYEES REPORTED FOR THE THIRD QUARTER OF THE CALENDAR YEAR ON THE GEORGIA DEPARTMENT OF LABOR TAX AND WAGE REPORT AND I DECLARE THAT THE ABOVE INFORMATION CONTAINED IN THIS RETURN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE

WITNESS

.....
FOR OFFICE USE ONLY:

	Property Zoned	Approved	Denied(Reason Attached)
Community Development	_____	_____	_____
Fire Department	_____	_____	_____
Engineering Department	_____	_____	_____



STATESBORO POLICE DEPARTMENT

25 WEST GRADY STREET / STATESBORO, GEORGIA 30458

PHONE: (912) 764-9911 / FAX: (912) 489-5050

WENDELL TURNER

PUBLIC SAFETY DIRECTOR

Please take a moment to complete the following information regarding your new business. This information will be forwarded to the Statesboro Police Department in maintaining a database for current information on businesses in case of emergency after hours contact. If any of the information should change, we would appreciate notification at the following address and telephone number. Again thank you for your time and patience in completing this form. If you have any questions or concerns, please feel free to contact:

Statesboro Police Department

25 West Grady Street

Statesboro, Ga. 30458

(912) 764-9911

Business Name: _____

Street Address: _____

Business Phone: _____ **Reference Person:** _____

Dispatch Alert: Please note any private security information regarding your business (such as vicious dog at gate, alarm company, etc...).

Contact Information: Please list three emergency contacts.

<u>Name</u>	<u>Telephone Numbers</u>	<u>Cell Phone Numbers</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

General Information: Such as hours of operation, also please list any information that you feel would assist us in serving you and your business.

**AFFIDAVIT VERIFYING STATUS FOR CITY OF STATESBORO
PUBLIC BENEFIT APPLICATION**

By executing this affidavit under oath, as an applicant for a Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, from the City of Statesboro, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit.

- 1)_____ I am a United States citizen.
- 2)_____ I am a legal permanent resident of the United States.
- 3)_____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:_____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:_____ Drivers License_____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in Statesboro, Georgia.

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20____

NOTARY PUBLIC
My Commission Expires:

E-VERIFY AFFIDAVIT

Private Employer of Compliance Pursuant to O.C.G.A 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. 36-60-6, stating affirmatively that the individual, firm or corporation employs **fewer than 10 employees** and therefore, is not required to register with/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. 13-10-90.

Printed Name of Exempt Private Employer

Name of Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, _____, 20__ in _____ (city) _____ (state)

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 20__.

NOTARY PUBLIC

My Commission Expires:

E-VERIFY AFFIDAVIT

Private Employer of Compliance Pursuant to O.C.G.A 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. 36-60-6, stating affirmatively that the individual, firm or corporation employs **more than 10 employees** and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Date of Authorization

Name of Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, _____, 20__ in _____ (city) _____ (state)

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 20__.

NOTARY PUBLIC

My Commission Expires:
